## FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average l	ourden
hours per form	16.00

	SEC USE ONLY							
	Prefix	Serial						
	DATE RECEIV	/ED						
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the state of the s	
Name of Offering ( check if this is an amendment and name has changed, and indicate Private Placements of Equity Units and Debt Units (offering terminated 06/02)	te change.)
Filing Under (Check box(cs) that apply):	Section 4(6) ULOE ACCULATED US
Type of Filing: New Filing Amendment	A COLONES
A. BASIC IDENTIFICATION DATA	11 0000
Enter the information requested about the issuer	( JAN 21 6003 /
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Redline Performance Products, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 2510 Commerce Way, Vista, CA 92083	Telephone Number (Including Area Code) 760-599-1003
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business  Design and manufacture of high performance vehicles for the recreation market.	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed	other (please specify): PROCESSED
☐ business trust ☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year  1 2 19 99   Jurisdiction of Incorporation or Organization: (Enter two letter U.S. Postal Service abbreviation for S	Actual

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by the United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDE	NTIFICATION DATA							
<ul> <li>2. Enter the information requested for the</li> <li>Each promoter of the issuer, if the</li> <li>Each beneficial owner having the the issuer;</li> </ul>	following: issuer has been organized wi	thin the past five years;	n of, 10% or more	of a class of equity securities of					
	<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>								
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name, first, if individual) Harle, Kent									
Business or Residence Address (Number a 2510 Commerce Way, Vista, CA 9208		ie)							
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name, first, if individual) Rodewald, Chris B.									
Business or Residence Address (Number a 2510 Commerce Way, Vista, CA 9208		le)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name, first, if individual) Payne, Mark									
Business or Residence Address (Number at 2510 Commerce Way, Vista, CA 9208	•	le)							
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name, first, if individual) Mell, David									
Business or Residence Address (Number at 2510 Commerce Way, Vista, CA 9208	• • • • • • • • • • • • • • • • • • • •	le)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name, first, if individual)									
Business or Residence Address (Number at	nd Street, City, State, Zip Cod	e)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name, first, if individual)									
Business or Residence Address (Number ar	nd Street, City, State, Zip Cod	e)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name, first, if individual)									
Business or Residence Address (Number ar	nd Street, City, State, Zip Cod	le)							
(Use bl	ank sheet, or copy and use add	ditional copies of this sheet,	as necessary.)						

	-			<b>B.</b> 1	INFORMA	TION AB	OUT OFF	ERING	_		Yes	NT.
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								. № ⊠			
• •	Answer also in Appendix, Column 2, if filing under ULOE.											
2.								<b>\$3</b> (	<u>,000*</u>			
2.	2. what is the minimum investment that will be accepted from any individual? * Subject to Waiver								Yes			
3.	Does the off	fering permi	t joint owne	ership of a si	ingle unit?		•••••					
4.	Enter the in	nformation	requested fe	or each per	son who ha	as been or	will be paid	d or given,	directly or	indirectly,	any	
	commission a person to											
	states, list the											•
	broker or de	aler, you m	ay set forth	the informat	tion for that	broker or de	ealer only.		-			
Full Na	me (Last nai	me first, if i	individual)								·	
Gu	nnAllen Fina	ncial, Inc.										
Busine	ss or Resider	nce Address	(Number	and Street,	City, State,	Zip Code)					······································	
171	5 Westshore	Boulevard	, Suite 700,	Tampa, FI	33607							
Name	of Associated	Broker or	Dealer		-							
States	n Which Per	son Listed	Has Solicit	ed or Intend	ds to Solicit	Purchasers	5					
(Ch	eck "All Stat	tes" or chec	k individua	al States)		••••••					🛛	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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Busine	ss or Resider	ice Address	s (Number a	and Street,	City, State,	Zip Code)						
Name o	of Associated	Broker or	Dealer				-					
States i	n Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers	3					
(Ch	eck "All Stat	tes" or chec	k individua	al States)		•••••		************	,			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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Busine	ss or Residen	ice Address	(Number a	and Street,	City, State,	Zip Code)						
			•	, , , , , , , , , , , , , , , , , , ,		- /						
Name o	of Associated	Broker or	Dealer									
Stat	n Which Per	aon Lista 3 1	Una Caliair	ad an Interni	la to Caliait	Dunal						
												All States
	eck "All Stat								rera	[GA]	[_]	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES ANI	USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$625,000	\$625,000
	Equity	\$_1,850,000	\$_1,850,000
	Common Preferred		
	Convertible Securities (including warrants) warrants	\$ <u>Nominal</u>	\$ Nominal
	Partnership Interests	\$	\$
	Other (Specify)	\$Nominal	\$Nominal
	Total	\$_2,475,000	\$_2,475,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	72	\$_2,475,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Town of official	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<del></del>	\$
	Total	<del></del>	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$30,000
	Printing and Engraving Costs		\$20,000
	Legal Fees		\$50,000
	Accounting Fees		\$30,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$247,500
	Other Expenses (identify)	· 🛛	\$40,000
		K21	417.500

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES A	ND USE OF PROC	CEEDS	
	b. Enter the difference between the aggregate offering price given in response to P Question 1 and total expenses furnished in response to Part C - Question 4.a. difference is the "adjusted gross proceeds to the issuer."	art C	-		\$_2,057,500
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not k furnish an estimate and check the box to the left of the estimate. The total of the pay listed must equal the adjusted gross proceeds to the issuer set forth in response to P Question 4.b above.	nown,	, ;		
			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	$\boxtimes$	\$100,000	$\boxtimes$	\$ 232,000
	Purchase of real estate		\$		\$
	Purchase, rental or leasing and installation of machinery and equipment		\$	$\boxtimes$	\$ 203,000
	Construction or leasing of plant buildings and facilities		\$		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness		\$		\$
	Working capital		\$	$\boxtimes$	\$ 858,400
	Other (specify): Inventory		\$	$\boxtimes$	\$ 638,000
	Sales and Marketing		\$	$\boxtimes$	\$ 26,100
			\$		S
	Column Totals	$\boxtimes$	\$ 100,000	$\boxtimes$	\$_1,957,500
	Total Payments Listed (column totals added)			2,057,5	500
	D. FEDERAL SIGNAT	URE	with a second		
signatu	uer has duly caused this notice to be signed by the undersigned duly authorized persore constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchantion furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(3)	ange C	Commission, upon w		
Issuer (	Print or Type) Signature			Date	
Redline	e Performance Products, Inc.			01/23/0	)3
Name o	of Signer (Print or Type)  Title of Signer (Print or Type)				
Dougla	s M. Ramler, Esq. Assistant Secretary				

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)